Criteria Checklist

Alabama Medicaid Agency
Extra Heavy Duty Wheelchairs and Accessories
To accommodate weight capacities of 300lbs to 600lbs

PREREQUISITE CRITERIA The following criteria must be met:

❑ Patient must be Medicaid eligible.
❑ Patient must have an ACHN Referral.
❑ Patient must be essentially chair confined or bed/chair confined, and the wheelchair is expected to increase mobility and independence.
❑ Documentation needs to include patient’s weight, width and depth.

DIAGNOSIS CODES
Please refer to Chapter 14 of the Provider Manual for the ICD-10 crosswalk codes.

PROCEDURE CODES
K0007, K0009

Procedure codes that are currently used for wheelchair components or accessories are the same codes used for those components or accessories not otherwise specified for the custom chair.

Maximum yearly limits apply to each of the procedure codes indicated above. Request for replacement of wheelchairs will be limited to once every seven years based on a review of submitted documentation requested.

If medically necessary, custom-fabricated items are covered for children and adults.

*Documentation may include notes from the patient chart.